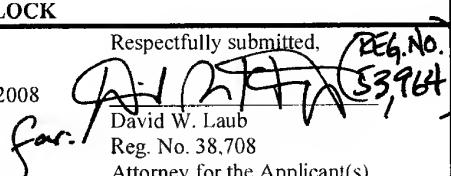


# TRANSMITTAL FORM

	Application Serial Number	10/622,631
	Filing Date	July 21, 2003
	First Named Inventor	Manuel R. SILVA, Jr.
	Group Art Unit	3752
	Examiner Name	Darren W. GORMAN
	Attorney Docket No.	73434-060US
	Patent No.	Not applicable
	Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Petition for Extension of Time (2 months)	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

<b>CORRESPONDENCE ADDRESS</b>	<b>SIGNATURE BLOCK</b>
Direct all correspondence to: PATENT ADMINISTRATOR Proskauer Rose LLP 1001 Pennsylvania Avenue NW Suite 400 South Washington, DC 2004-2533 Tel. No.: (202) 416-6800 Fax No.: (202) 416-6899	Respectfully submitted,  David W. Laub Reg. No. 38,708 Attorney for the Applicant(s) Proskauer Rose LLP 1001 Pennsylvania Avenue NW Suite 400 South Washington, DC 20004-2533
<b>CUSTOMER NO:</b> 60708	